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|                                                                  |                                         | PTO/SQ/81 (01-06)                                     |  |  |
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| POWER OF ATTORNEY<br>and<br>CORRESPONDENCE ADDRESS               | Filing Cale                             | 2/27/2002 Roccs A Sustained Rolease Phermaceutical    |  |  |
|                                                                  | First Named Inventor                    |                                                       |  |  |
|                                                                  | Yille                                   |                                                       |  |  |
|                                                                  | Art Unit                                | 1617                                                  |  |  |
|                                                                  |                                         | Leonard Williams                                      |  |  |
| Indication form                                                  | Examiner Nanca                          |                                                       |  |  |
| •                                                                | Allorney Opeket Number                  | SD-20003                                              |  |  |
|                                                                  | _ <del></del>                           |                                                       |  |  |

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|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|------------------------|-----------------------------------------|
| hereby revoke all previous p                                                               | owers of attorney give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | en in the above                                | identified a                          | ipplication.           |                                         |
| hereby appoint:                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                       |                        |                                         |
| OR  Pracliticonar(s) named below:                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                       |                        |                                         |
|                                                                                            | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | Registration Number                   |                        |                                         |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | 44,292                                |                        |                                         |
|                                                                                            | Jonathan M. Provopet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | 52,166                                |                        |                                         |
| Karen P. Bechtots                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                | <del></del>                           |                        |                                         |
|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                       | tid alarm to the t     | United States Palent and                |
| as myseur attornay(s) or egent(s) to<br>Tradement Office connected theres                  | prosecute the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | idenlined above, a                             | nd to transact                        | ell phaluaez iu iim i  | Sitted Citizes   French                 |
| OR The eddress desociated or                                                               | ) beneilmem-evode and div                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Customer Number:                               | · · · · · · · · · · · · · · · · · · · |                        |                                         |
| Address 1                                                                                  | Cedar Brook Orive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                       |                        | Zip 08512                               |
| City                                                                                       | LSU, prility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                | State MJ                              |                        | Zip   08512                             |
|                                                                                            | SA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _<br>_ <del></del> ~                           | Email incove                          | രജിയിലാളവിൽന്ന വ       | <u> </u>                                |
| Telephone 6                                                                                | 09-495-0500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                    | Cition library                        |                        |                                         |
| Applicant/Inventor.  Applicant/Inventor.  Assignes of record of the Statement under 37 CF. | e enline Interest. 542 37 CF<br>R 3.73(9) is enclosed. (For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FR 3.71.<br>m PTCVSB/DG)<br>of Applicant or As | signee of Re                          |                        |                                         |
| 4/0                                                                                        | A PROPERTY OF THE PROPERTY OF | or Applicant or As                             | Ser Milda At 120                      | Dela                   | 24January 200                           |
|                                                                                            | NOW WALK YOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                | Tclapino                              | na 954-331-3400        |                                         |
| Manus Merk McG                                                                             | ar 13 Origania inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                       |                        |                                         |
| Tills and Company President  KOTE: Signatures of all the inventors                         | , NOS LUS CENTRACIONS, HIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | njeit/ to teatelt of the                       | avDsmaaerqe                           | s) മന അവിങ്ങ്. ട്രാത്ത | ace and over il armal eliphiro li       |
| KOTE: Signaturas of all the inventors algorithm is required, see below.                    | ट का बहातीमध्यम् या लिकाह <i>न</i> णह                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                       |                        |                                         |
| Total of                                                                                   | യത്ര ജഭ ഭഗാസില്.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Company of the second for                      | o le regulad to                       | ntrain or retain a ban | ness; by the public which is to the fam |

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|                                                                                                                                                                                                                                                            | İ           |
| STATEMENT UNDER 37 CFR 3.73(b)                                                                                                                                                                                                                             |             |
| Applicant/Palent Owner: Kos Lile Sciences, Inc.                                                                                                                                                                                                            |             |
| Application No./Petent No.: 10086,058 Flod/issue Date: 2/27/2002                                                                                                                                                                                           |             |
| Enfilled: A Sustained Release Pharmaceutical Formulation                                                                                                                                                                                                   |             |
| Kos Lile Sciences, inc. 2 <u>Optervate Connectation.</u> [Type of Assignee, e.g., corporation, parkvership, university, government against the corporation of Assignee.                                                                                    | ncy, tie.)  |
| states that it is:  1. // the assignee of the entire right, fille, and interest; or                                                                                                                                                                        |             |
| 2 an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)                                                                                                                                 |             |
| in the patent application/patent identified above by virtue of either:                                                                                                                                                                                     | rlad        |
| An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recoin the United States Patent and Trademark Office at Real, Frame, or for which a conference is attached.                                       | 1           |
| OR  B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as                                                                                                                                | follows:    |
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| The document was recorded in the United States Patent and Trabellian States of its attached.  Real, or for which a copy thereof is attached.                                                                                                               |             |
| Additional documents in the chain of title are listed on a supplemental sheet.                                                                                                                                                                             |             |
| As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.                                              |             |
| (NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assign Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MI 302.08                               | ment<br>PEP |
| The undersigned (Mose title if supplied below) is authorized to act on behalf of the assignee.                                                                                                                                                             | 7007        |
| Signature Oate                                                                                                                                                                                                                                             |             |
|                                                                                                                                                                                                                                                            |             |
| Printed or Typed Name Telephone Nu                                                                                                                                                                                                                         | (1DB)       |
| President<br>Title                                                                                                                                                                                                                                         |             |

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